



## **NOTICE OF CHANGE OF ADDRESS**

STATE OF NEW HAMPSHIRE - DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD SUPPORT SERVICES

**Mail Completed Form to:**  
**DHHS/DCSS**  
**Customer Service Unit**  
**129 Pleasant Street**  
**Concord, NH 03301-3857**

**OR**

**FAX Completed Form to:**  
**603-271-4787**

EFFECTIVE DATE OF CHANGE

NAME (Last, First, Middle Initial)

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

CELL PHONE NUMBER

CASE ID NUMBER

SOCIAL SECURITY NUMBER

--

**OLD ADDRESS**

**NEW ADDRESS**

By signing this form, I am requesting and granting DCSS permission to change my mailing address .

SIGNATURE

DATE

**NOTE: No changes will be made to records without your signature.**